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Annual report on the implementation of the Gender Action Plan

Summary

The present document, prepared in accordance with Executive Board decision 2014/8, provides the second annual update on the implementation of the UNICEF Gender Action Plan (GAP), 2014-2017. The report includes an update on progress on GAP priorities, indicators and performance benchmarks.

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I. Introduction

1. The year 2015 was an important and invigorating period for the work of UNICEF on gender equality. The newly adopted Sustainable Development Goals place gender equality and the empowerment of women and girls front and centre, reflecting and reaffirming UNICEF gender priorities: a focus on adolescent girls and on multisectoral investments in health, education, water and sanitation, nutrition, HIV and AIDS, and child and social protection to advance the rights of women and girls. Gender-equitable targets that are core to the UNICEF mandate have been included in Goal 5 (gender equality), where ending violence against women and girls, and ending harmful practices such as child marriage and female genital mutilation/cutting (FGM/C) are featured prominently. They are also featured in several other goals, including Goal 3 (health), which incorporates a focus on maternal mortality, sexual and reproductive health and HIV and AIDS; Goal 4 (education), which targets elimination of gender disparities at secondary and higher levels, and in quality of education and skills; and Goal 6 (water and sanitation), which targets sanitation and hygiene, with specific mention of the needs of women and girls.

2. There is much to celebrate in the progress made on gender equality over the past 15 years. Globally, the annual number of maternal deaths decreased from approximately 532,000 in 1990 to an estimated 303,000 in 2015. Remarkably, 62 per cent of pregnant women living with HIV are now benefiting from lifelong antiretroviral treatment compared with only 11 per cent five years ago, and mother-to-child-transmission of HIV has been reduced almost by half since 2008. Between 1999 and 2012, the number of girls enrolled in primary school has risen from 92 to 97 for every 100 boys, and in secondary school from 91 to 97; and the number of countries that have achieved gender parity in both primary and secondary school enrolment has increased from 32 to a projected 62 in 2015. After stagnating for many years, child marriage rates have begun to decline, going from 30 per cent in 2005 to 26 per cent in 2014.

3. In many other areas, however, it is clear that gender-equitable results will require renewed and accelerated efforts. For UNICEF, a key concern is adolescence, when gender inequalities become especially pronounced. Globally, more than a quarter of girls are still being married before they turn 18, and one fifth of girls are still becoming mothers before they reach that age. Adolescent deaths due to AIDS have tripled since 2000, and more than 60 per cent of new HIV infections among 15- to-19-year-olds are among adolescent girls. In 2012, at least 36 countries had fewer than 90 girls for every 100 boys in lower secondary school. With current trends in sub-Saharan Africa, completion of lower secondary school will be achieved only in the year 2111 for the poorest girls, compared with 2090 for the poorest boys. In conflict situations, girls are 2.5 times more likely to be out of school than boys. Gender-based violence (GBV) is endemic, not only in public settings but also in family and intimate partner relationships, and especially in emergency and humanitarian settings. And as disaster, risk and conflict situations multiply, the basic needs of women and girls, and their critical role in crisis management and resolution, are still not fully acknowledged.

4. Within this context, implementation of the GAP by UNICEF has proceeded full force, and important programmatic and institutional advances have been made. Programmatic results have progressed significantly, especially on the targeted

gender priorities and also in several areas of gender mainstreaming. UNICEF engagement has helped to incorporate targets and indicators in the Sustainable Development Goals, and to propel national policy frameworks and local action on child marriage, girls' secondary education and adolescent health. A growing number of countries have national plans and initiatives focusing on adolescent girls: 84 countries were supported to allocate budgets to reduce adolescent pregnancy; 49 countries are targeting anaemia among adolescent girls; 30 countries have action plans to end child marriage. Although these are only the first steps towards widespread, large-scale programming to advance the rights of adolescent girls, they represent movement in the right direction. Similarly, although more needs to be done in the area of gender mainstreaming, attention to gender drivers and results is increasingly evident in programmatic areas such as the importance of maternity benefits for breastfeeding, the role of gender-sensitive messaging in reaching children with the polio vaccine, and the use of dignity kits and gender-friendly water, sanitation and hygiene (WASH) facilities in emergencies.

5. UNICEF has more gender experts at headquarters, regional and country offices to support strong programming, and internal capacity-building efforts continue across the organization. Gender parity in senior-level staffing has shown a consistently positive trend over the past two years. A higher proportion of country programme management plans (CPMPs) are incorporating gender results and gender expenditures are tracking a positive trend, although the pace on both must now be accelerated. Gender priorities are beginning to be embedded in human resources, programme planning results monitoring and other systems that are core to UNICEF functioning, an effort that will require continued diligence and resolve in order to "automate" gender in the organization over the longer term.

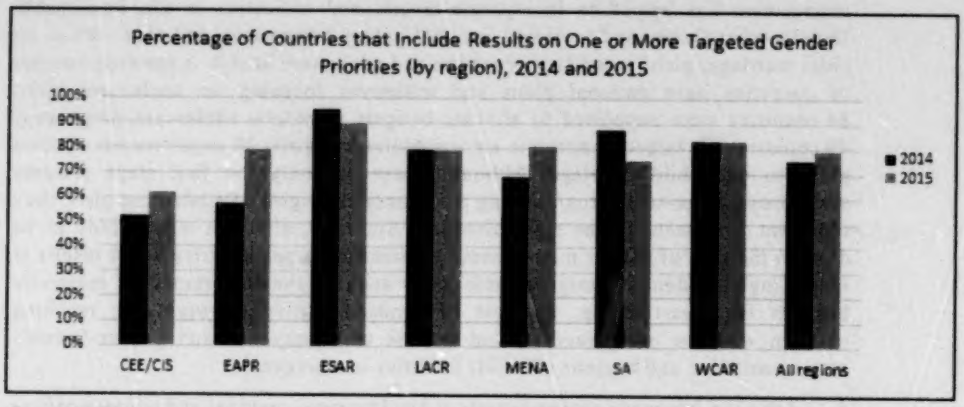
II. Programmatic results

6. The GAP specifies four cross-sectoral targeted priorities that focus on addressing the challenges and disadvantages adolescent girls face as they transition from childhood to adulthood. They include (a) promoting gender-responsive adolescent health; (b) advancing girls' secondary education; (c) ending child marriage; and (d) addressing GBV in emergencies. In addition, the GAP aims to achieve gender-mainstreaming results that are specific to the seven outcome areas of the UNICEF Strategic Plan, 2014-2017.

A. Targeted gender priorities

7. In 2015, 79 per cent of UNICEF-supported country programmes included results on one or more targeted gender priorities, a 4 per cent increase from 2014 (see figure 1). Five out of the seven regions met or exceeded the global average, and in no region was the proportion less than 60 per cent, a 10 per cent increase from the lowest percentage in 2014.

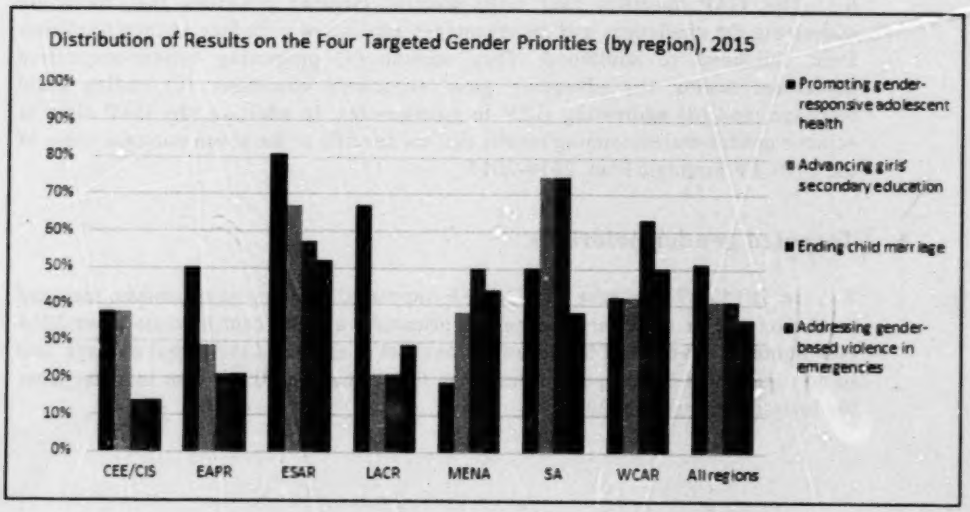
Figure 1



Key: CEE/CIS: Central and Eastern Europe and the Commonwealth of Independent States region; EAPR: East Asia and Pacific region; ESAR: Eastern and Southern Africa region; LACR: Latin America and Caribbean region; MENA: Middle East and North Africa region; SA: South Asia region; WCAR: West and Central Africa region.

8. The targeted priorities adopted by country offices reflect the local contexts of women and adolescent girls in each region (see figure 2). Gender-responsive adolescent health is a priority in the Eastern and Southern Africa region (ESAR) and the Latin America and Caribbean region (LACR). Girls' secondary education is a high priority in most regions — especially in ESAR and South Asia (SA). Child marriage and GBV in emergencies are major concerns in the Middle East and North Africa region (MENA), West and Central Africa region (WCAR), ESAR and SA.

Figure 2



1. Ending child marriage

9. Globally, child marriage rates have been declining, but large numbers of girls remain affected: an estimated 280 million girls are at risk of becoming child brides. The year 2015 was a watershed, however, as UNICEF, together with the United Nations Population Fund (UNFPA), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and other partners successfully supported the inclusion in Sustainable Development Goal 5 of target 5.3 on ending child marriage. UNICEF also provided leadership and technical support in the definition of a strong indicator to measure progress, which has consistently earned an "excellent" rating from the United Nations Statistics Division.

10. To translate this commitment into action on the ground, UNICEF collaborated with UNFPA and several government partners to develop the joint Global Programme to Accelerate Action to End Child Marriage. The programme, which focuses on 12 priority countries in the Middle East, South Asia and sub-Saharan Africa, aims to reach 2.5 million girls who are at risk of child marriage or are already in union. It is supported by funding of almost $95 million from the Governments of Canada, Italy, the Netherlands and the United Kingdom of Great Britain and Northern Ireland and from the European Union.

11. The inception phase of the programme was completed in 2015, with foundational systems and processes strengthened in all 12 countries, programmatic activities accelerated and the momentum and learning conveyed to a broader range of countries. National action plans on child marriage have been developed in five global programme countries; three of these plans — in Burkina Faso, Mozambique and Uganda — have been costed. Beyond the global programme, two additional countries have costed national action plans.

Output indicator	*2013*	*2015*	*Target (2017)*
Number of countries with costed national strategies or plans on child marriage from countries with prevalence of 25% or more	1	5	12

12. In 2015, 52 UNICEF-supported country programmes focused on child marriage as a targeted gender priority, compared to 44 in 2014. In Africa, significant gains were made in strengthening and implementing commitments made by national Governments and by the African Union to address child marriage. In Ghana, UNICEF supported the establishment of a Child Marriage Unit under the Ministry of Gender, Children and Social Protection, while in Mozambique, the organization advocated for the approval, by the Council of Ministers, of the National Strategy to Prevent and Eliminate Child Marriage (2015-2019). With support from UNICEF, Uganda launched the National Strategy on Child Marriage and Teenage Pregnancy in June 2015. The strategy has since been rolled out in 37 districts by the Ministry of Gender, Labour and Social Development. Child marriage and adolescent health-related indicators have been included in the Education Management Information System. In Ethiopia, UNICEF engaged with the Government and other stakeholders to secure a national commitment to formalize a Road Map to End Child Marriage and to increase government spending by 10 per cent for its operationalization.

13. With UNICEF support, Zambia hosted the first African Girls' Summit on Ending Child Marriage in Africa, which was convened by the African Union. The

summit was a key milestone in the African Union Campaign to End Child Marriage in Africa, bringing together more than 1,000 government and civil society partners from more than 30 member countries to affirm and strengthen the region's commitment to ending the practice. In support of the campaign and the summit, UNICEF released the statistical report *A Profile of Child Marriage in Africa* which, for the first time ever, provides trends and projections of child marriage in Africa. The report highlights the demographic trends that require urgent action by African countries to address child marriage if they are to make progress on the Sustainable Development Goals.

14. In Asia, UNICEF has focused on partnering with the Governments of high-prevalence and high-burden countries to forge convergence among the many existing platforms and initiatives and to further strengthen systemic capacity to operationalize them at scale. In India, UNICEF worked in 8 states and 14 districts to reach 262,000 adolescent girls and boys with life skills training, specifically focusing on information and negotiating ability related to avoiding child marriage, early pregnancy and GBV. An estimated 260,000 parents were also reached with similar information. Building on this experience, UNICEF is developing scalable models for girls' empowerment and child marriage prevention at the district level, including the provision of an adolescent empowerment toolkit for delivery by government service providers and community organizations engaged in initiatives such as the national adolescent health programme (Rashtriya Kishor Swasthya Karyakram) and schemes such as "Save a Daughter, Educate a Daughter" (Beti Bachao, Beti Padhao).

15. In partnership with UNICEF, Radio Mozambique launched the first national entertainment-education radio drama entitled *Ouro Negro*, with key messages on child marriage in local languages reaching more than 1.2 million people. In Niger in 2015, UNICEF continued to partner with the national radio station, La Voix du Sahel, which produced a new musical series on girls' rights, *Haske Magani Duku*. The station covers an estimated 85 per cent of the country's population. In Ethiopia, trained community leaders provided messaging and information on legal rights, reaching 500,000 community members — including 300,000 adolescent girls — in three regions.

16. The global programme aims to serve as a catalyst to further refine, at scale, models for child marriage prevention and mitigation, to leverage and mobilize national financing for such models, and to embed strong monitoring and tracking on key indicators in national measurement systems.

2. Advancing girls' secondary education

17. Progress towards gender parity in secondary education is one of the biggest education success stories. However, the poorest girls remain out of school and, where gender disparity in schooling is most severe, it is girls that are disadvantaged. In 2012, 36 countries had fewer than 90 girls for every 100 boys in secondary education, the majority in the Arab States and sub-Saharan Africa.

18. Education 2030: Incheon Declaration, the framework for implementing Sustainable Development Goal 4 on education, recognizes the importance of gender equality in achieving the right to education for all. The declaration, adopted at the World Education Forum in May 2015, identifies commitments through supporting gender-sensitive policies, planning and learning environments; mainstreaming

gender issues in teacher training and curricula; and eliminating gender-based discrimination and violence in schools. UNICEF and the United Nations Girls' Education Initiative (UNGEI) made substantial contributions to shaping the gender-related targets and indicators on equitable education in the Sustainable Development Goal framework.

19. In 2015, a total of 53 UNICEF country programmes prioritized advancing girls' secondary education, focusing on advancing quality learning and curricula, alternative learning and transition to formal schooling, and mentorship and teacher training. In Kenya, Nigeria and the United Republic of Tanzania, girls' clubs and female mentors were used to increase girls' enrolment. In the United Republic of Tanzania, UNICEF expanded its reach to a total of 420 schools. In northern Nigeria, increasing women's participation in leadership positions in the education system contributed to a 50 per cent increase in the number of female head teachers in secondary schools, which provided girls with positive female role models.

20. In Afghanistan, the retention of adolescent girls in schools has been facilitated by improved safety and security through the construction or rehabilitation in 200 schools of separate latrines for boys, girls and teachers, water points and boundary walls. In Bangladesh, UNICEF provided technical assistance to the Ministry of Education to integrate life skills-based education into the national curriculum. Along with teacher training, this has benefited 8 million secondary school students, 40 per cent of whom are girls. About 30,000 primary and 27,500 secondary schoolteachers were mobilized to engage with students to advocate against child marriage.

21. Early pregnancy can result in adolescent girls dropping out of school. In Mexico, UNICEF, in partnership with UNFPA, provided technical assistance for the development of a National Strategy to Prevent Adolescent Pregnancy. In Sierra Leone, with UNICEF support, the Ministry of Education, Science and Technology set up 330 learning centres countrywide, which have enrolled more than 14,000 pregnant and lactating adolescent girls.

22. UNICEF continues to build national capacities to design and implement programmes that address GBV in and around schools, including through the development of national policies and standards and the establishment of community-protection mechanisms. In the United Republic of Tanzania, UNICEF supported the Ministry of Education to implement in-school measures that allow girls to report sexual advances and abuse and to create safe spaces for counselling. In Mali, UNICEF supported the establishment of referral and prevention mechanisms in 104 schools to better detect and respond to GBV. The UNICEF co-led Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector emphasizes school safety, including advocating with Governments to identify ways of making schools and girls' transportation to schools safe.

Output indicator	*2015*	*Target (2017)*
Proportion of countries with education sector policies or plans that specify prevention and response mechanisms to address school-related gender-based violence	22%	32%

23. Addressing the disadvantages faced by girls and women in the education system has been an important element in the 14 countries where UNICEF works to strengthen social cohesion, human security and resilience under the Peace Building, Education and Advocacy Programme. In Ethiopia and Pakistan, strategies included revising the curricula to remove gender stereotypes and negative connotations of women from learning materials. Codes of Conduct to address GBV were introduced in Ethiopia and Liberia, and in South Sudan, girls were supplied with materials, infrastructure and financial support — including learning supplies, menstrual hygiene kits, sanitary facilities and cash transfers — to increase their school attendance. Supporting school attendance, learning and safety of girls in the large number of humanitarian situations is an important priority for the organization.

3. Promoting gender-responsive adolescent health

24. In 2015, a total of 65 UNICEF programme countries prioritized gender-responsive adolescent health. The GAP provides an appropriate framework for addressing cross-sectoral gender-responsive adolescent health issues, including adolescent pregnancy and anaemia, prevention of HIV and AIDS, menstrual hygiene management (MHM) and FGM/C. In 2015, this framework shaped UNICEF activity and support for the inclusion of targets on adolescent health under the Sustainable Development Goals on health (maternal and reproductive health, and HIV and AIDS), water and sanitation (sanitation and hygiene, including MHM for women and girls), and gender equality (FGM/C as a harmful practice).

25. This engagement was in conjunction with the active role of UNICEF in other global and national efforts to advance adolescent health, including leadership on the development of the Operational Framework for the Global Strategy for Women's, Children's and Adolescent Health. UNICEF also played a role in the accelerated attention to HIV and AIDS prevention among adolescents — particularly girls — and, in collaboration with UNAIDS and other partners, co-led the global launch of All In to #EndAdolescentAIDS.

26. The UNICEF Health Strategy (2015-2030) incorporates a specific focus on improving services for adolescent girls who are pregnant or have already delivered one or more children. This is in conjunction with reducing adolescent pregnancy rates and associated risks, which remains an important priority. The strategy also focuses on HIV and AIDS prevention and care among adolescents and continued leveraging of the human papilloma virus (HPV) vaccine in order to deliver an integrated package of services to adolescents. The prevention of child marriage and increased school retention of adolescent girls are prioritized as key linkages.

27. UNICEF supported several countries in advancing their national policy frameworks on gender-responsive adolescent health. Eighty-four countries now have costed plans to reduce adolescent pregnancy, approaching the target of 93 by 2017. In Mauritania, UNICEF facilitated the integration of adolescent health in the National Reproductive Health Strategy, 2016-2020. In Bangladesh, Kenya and Rwanda, UNICEF supported the development of national adolescent (and reproductive) health strategies. In Kenya, this included the testing of Health Management Information System tools with disaggregated data for adolescents, while in Bangladesh, it included an explicit focus on teenage pregnancy. In Rwanda, the strategy was developed in consultation with young people; it encompasses a

focus not only on HIV prevention and reproductive health, but also on school retention and prevention of GBV.

28. In Latin America, UNICEF supported countries in the development of programmes on pregnancy prevention, gender, sexual and reproductive rights and support for adolescent mothers. In Costa Rica, programmes to educate adolescent mothers and to prevent pregnancy were undertaken in collaboration with the Ministry of Public Health. In the Bolivarian Republic of Venezuela, gender-sensitive services were provided to adolescents in more than 35 health centres nationwide.

29. In India, UNICEF worked to reduce anaemia in adolescent girls by helping the Government to scale up the Weekly Iron and Folic Acid Supplementation Programme in all states. UNICEF supported the institutionalization of a real-time monitoring system in the State of Uttar Pradesh, which has the largest micronutrient programme in the country, serving 49 million adolescent girls and boys. In other countries, there has also been a rapid increase in policies or plans targeting anaemia reduction among girls, rising from 27 countries in 2013 to 49 countries in 2015.

Output indicator	*2013*	*2015*	*Target (2017)*
Number of countries with costed plans to reduce adolescent pregnancy	83	84	93
Number of countries with policies or plans targeting anaemia reduction among girls	27	49	50

30. The number of countries with proven high-impact, evidence-based interventions to address HIV among adolescents in their national strategies increased from 26 in 2014 to 31 in 2015. UNICEF supported 19 countries[1] in convening a broad range of stakeholders to contribute to country-level assessments to strengthen their national programme response to HIV among adolescents.

Output indicator	*2014*	*2015*	*Target (2017)*
Number of countries with national HIV/AIDS strategies that include proven high-impact evidence-based interventions to address HIV among adolescents	26	31	38

31. Guided by new data on the impact of pre-exposure prophylaxis (PrEP) on averting new HIV infections, UNICEF led a global consultation in 2015 to consider the clinical, ethical and operational issues associated with administering oral PrEP. This was followed by funding from UNITAID for a five-year, $45 million demonstration project in Brazil, South Africa and Thailand to inform the feasibility and acceptability of delivering PrEP antiretroviral medicines for sexually active, high-risk adolescents aged 15 to 19 years, especially girls.

[1] Botswana, Burkina Faso, Cameroon, Côte d'Ivoire, Chad, Haiti, the Islamic Republic of Iran, Jamaica, Kenya, Lesotho, Mozambique, Namibia, Nigeria, the Philippines, Rwanda, Swaziland, Thailand, Ukraine and Zimbabwe.

32. UNICEF programming on girl-friendly school bathrooms with provisions for MHM helps to meet girls' needs for dignity, privacy, safety and health while at school. In three states in India, an estimated 394,000 adolescent girls and their parents from disadvantaged communities, as well as frontline workers, were reached to address gender norms and misconceptions related to menstrual hygiene. In Kenya, 127 schools in 14 counties were supported with an MHM programme and provision of gender-sensitive training and latrines, bathrooms and sanitary towels.

Output Indicator	*2013*	*2015*	*Target (2017)*
Number of countries that included menstrual hygiene management targets in WASH in School strategies and operational plans	22	29	48

33. Within the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting, efforts resulted in more than 2,000 communities, covering 5 million people across 14 countries, declaring abandonment of FGM/C in 2015. The programme focuses on 16 countries in Africa as well as Yemen. Programmatic evidence indicates that in those communities that have collectively committed to abandon FGM/C, some 70 per cent of girls remain intact.

34. Community dialogue focusing on prevention is being supplemented with services that include care for girls and women who have undergone the practice. In Egypt, more than 42,000 girls received at least one health service related to FGM/C. In Sudan, 26,000 new mothers were provided with face-to-face counselling on the benefits of not having their daughters undergo FGM/C.

35. It remains a priority for UNICEF to strengthen health-system delivery for adolescents, particularly girls. Also important is better integration of services that serve the multiple needs of adolescent girls (and boys) for information, support and services through single platforms as they face the challenges of pregnancy prevention, HIV and AIDS and the risk of sexually transmitted infections, nutritional deprivation, transition to puberty and MHM, and harmful practices such as FGM/C.

4. Addressing gender-based violence in emergencies

36. Given the increase in the number of humanitarian situations that UNICEF responded to in 2015, the proportion of country offices focusing on GBV in emergencies also increased, to 46 in 2015 from 41 in 2014. The scale and visibility of new and major humanitarian crises, such as the situation in the Syrian Arab Republic and the migrant and refugee crisis in Europe, is also bringing unprecedented attention to GBV in emergencies as a widespread, life-threatening violation that requires a much more robust response. UNICEF contributed to substantial gains in the field of GBV in emergencies through contributions to the Call to Action Roadmap (2015-2020) launched by 15 countries and 25 civil society organizations in October 2015. UNICEF also played a key role in incorporating GBV in emergencies into multiple Sustainable Development Goal targets, particularly those related to Goals 5, 8 and 16.

37. UNICEF, together with UNFPA, launched and disseminated the revised Inter-Agency Standing Committee "Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action", and facilitated implementation through

multisectoral delivery of services and support to almost 2 million women and children in a range of emergency settings; more than four times the number served in 2014.

Output indicator	*2013*	*2015*
Proportion of countries in humanitarian action with a child protection subcluster coordination mechanism that meets Core Commitments for Children in Humanitarian Action standards for coordination.	74%	76%
UNICEF-targeted children and women in humanitarian situations who experienced or were at risk of experiencing sexual violence and received at least one kind of multisectoral support service (health, psychosocial, legal, safe space, dignity kit, etc.)	432 757	1 958 663

38. In Myanmar, UNICEF worked with the child protection and GBV subclusters to train 950 WASH staff across camps in Rakhine State, installing solar lighting in sanitation areas and partitioning water and sanitation facilities by sex, thus facilitating use by women and girls. In the Central African Republic, almost 72,000 women and 36,000 girls were provided access to safe sanitation facilities, and in Nepal, more than 640,000 women and girls were provided access to safe water and sanitation services. To promote dignity, mobility, protection and hygiene, UNICEF supported 21,500 girls and women of reproductive age with access to dignity kits in the Democratic Republic of the Congo, Ethiopia and South Sudan. In Malawi, understanding the acute risk between access to food and GBV-related risks, UNICEF provided food distributors and cash monitors with training on prevention of GBV, sexual exploitation and abuse.

39. Under the Communities Care: Transforming Lives and Preventing Violence programme, UNICEF trained 542 service providers, engaged 42,918 people in community action events and reached 17,096 people via radio to promote awareness of GBV in Somalia and South Sudan. In the wake of the 2015 earthquake in Nepal, UNICEF made efforts to reduce the risk of GBV, including the establishment of 3,445 women's groups in 14 earthquake-affected districts. An additional 325,874 people were reached with information about preventing and addressing GBV.

40. In South Sudan, UNICEF worked in 20 counties across 6 states to reach 85,257 children and women with services related to sexual violence in humanitarian contexts, including case management, clinical management of rape, referrals, access to women's centres, awareness-raising efforts, community dialogue and information sessions in health clinics. In the State of Palestine, family centres provided 27,262 children (13,710 girls and 13,552 boys) and 44,228 caregivers (32,464 females and 11,764 males) with services related to children's needs and conducted awareness-raising sessions on issues such as child marriage, sexual harassment and sexual violence against girls, and boys' engagement in community violence.

41. In 2015, UNICEF recognized that the burgeoning number of migrants and refugees entering Europe meant that much more needed to be done to address GBV in that context. In Croatia, Serbia and the former Yugoslav Republic of Macedonia, UNICEF and partners provided safe spaces for 57,515 children at risk of sexual exploitation, abuse and trafficking. UNICEF is also increasingly incorporating GBV prevention and response in disaster-risk-reduction assessments. For example, in Ethiopia, UNICEF and UNFPA supported the inclusion of GBV in the rapid

assessment efforts to respond to the large-scale drought that is expected to affect 10.2 million people.

B. Gender mainstreaming

42. Seventy-seven per cent of UNICEF-supported country programmes included one or more gender-mainstreaming results across the seven Strategic Plan outcome areas (see figure 3). There is annual variation in the distribution of mainstreaming results across sectors, although education and child protection continue to have the largest percentage of mainstreaming results (see figure 4).

Figure 3

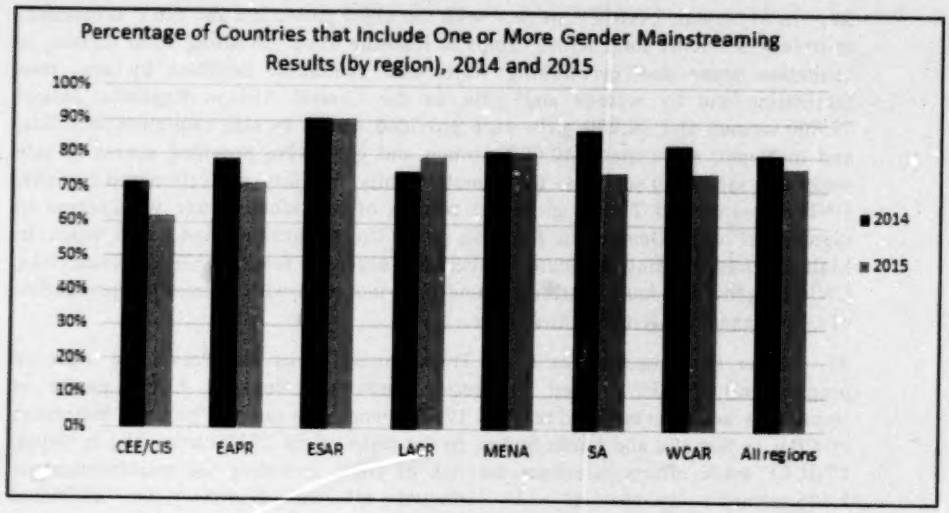
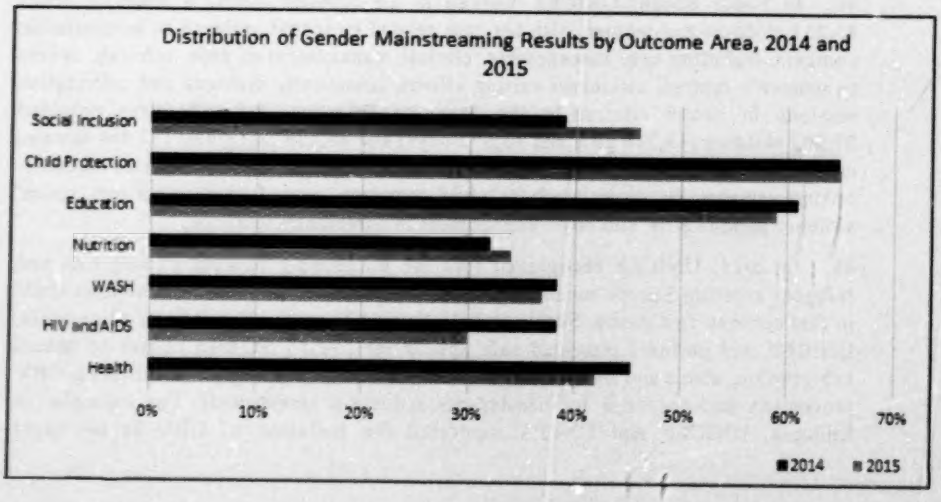


Figure 4



1. Health

43. The number of countries with costed implementation plans for maternal, newborn and child health care increased from 62 in 2014 to 64 in 2015. Support for maternal and child health (MCH) has been especially important in emergency settings. In Sudan, UNICEF trained 233 community midwives who helped to improve access to MCH services for 400,000 pregnant women. In the State of Palestine, the Post-Natal Home Visit Programme covered 49 per cent of all women in the postnatal period, reaching high-risk mothers and newborns.

44. In Pakistan, addressing the gender dimension of communications in the polio programme was critical to achieving the desired results. In the recalibrated polio strategy aimed at reaching missed children, UNICEF assisted with rebranding polio communications so as to project vaccinators as community protectors. A total of 2,152 communications staff (44 per cent women) and 2,291 polio frontline workers (72 per cent women) in 53 high-risk districts were trained using the new approach and, as a consequence, successfully alleviated common suspicions about their role. The strategy also persuaded reluctant families to increase women's participation in programme delivery, with the rate increasing from 35 per cent in 2013 to 46 per cent in 2015. These efforts helped to reduce the number of children missed due to lack of access from 500,000 to less than 16,000.

Output indicator	*2013*	*2015*	*Target (2017)*
Number of countries that produced an analysis of sex-differentiated infant and child mortality estimates	42	44	62

45. "Son preference" can result in gender-discriminatory provision of care during infancy, resulting in higher mortality among female babies, despite their biological advantage. In 2015, UNICEF conducted a systematic review of common childhood infections and gender inequalities and found evidence of discrimination against girls in care for pneumonia and other febrile illnesses in China, India, Iraq, Viet Nam and other countries. This is an important future area for action in increasing parental demand, as well as provider and facility support for the early diagnosis and treatment of girls as well as boys so as to achieve equity in child mortality reduction.

2. HIV and AIDS

46. In 2015, UNICEF supported the specification of gender-equality targets for pregnant women and girls, mothers, children and adolescents in the 2016-2021 UNAIDS Strategy and the Unified Budget, Results and Accountability Framework. Specific reference is also made to the need for countries to collect, analyse and use age- and sex-disaggregated data.

47. UNICEF interventions and leadership of the Inter-Agency Task Team on the Elimination of Mother to Child Transmission led to 21 of the 22 Global Plan countries implementing national policies to offer the Option B+ treatment protocol: lifelong antiretroviral treatment (ART) for all pregnant women and mothers living with HIV, putting the health of pregnant women and mothers first in the drive to eliminate vertical transmission and to support children not just surviving HIV, but also thriving because their mothers are still alive. UNICEF also leads programmes that support retention of mothers on ART and post-partum care in Côte d'Ivoire, the

Democratic Republic of the Congo, Malawi and Uganda, thus saving mothers' lives and playing a major role in reducing new vertical infections of HIV among infants.

48. In countries with a high HIV burden, humanitarian emergencies can cause considerable interruption in the prevention of mother-to-child transmission of HIV and provision of ART. In Uganda, UNICEF supported the roll-out of family planning services, including post-exposure prophylaxis (PEP) to rape survivors, in all refugee settlements. As a result, the proportion of rape survivors who received PEP remained high, at 96 per cent. In Ukraine, UNICEF, through the Global Fund to Fight AIDS, Tuberculosis and Malaria, supported the continuation of ART for one year for more than 8,000 women, men, girls and boys living with HIV, as well as HIV testing for more than 31,000 pregnant women and their children.

Output indicator	*2013*	*2015*	*Target (2017)*
Percentage of HIV-positive pregnant women in humanitarian situations who received treatment to prevent mother-to-child-transmission of HIV	54%	59%	80%
Number of countries that undertook a gender review of the HIV policy/strategy of the current national development plan, with UNICEF support	18	13	38
Number of countries with national policies to implement sexuality or life-skills-based HIV education in upper primary schools	28	34	38

3. Nutrition

49. UNICEF successfully advocated for breastfeeding to be included in the Global Strategy for Women's, Children's and Adolescent's Health (2016-2030). In the Democratic People's Republic of Korea, UNICEF successfully advocated for the extension of maternity leave from five to eight months, and in Viet Nam from four to six months, to encourage a minimum of six months exclusive breastfeeding.

50. There has been an increase in the number of countries with policies or plans targeting anaemia reduction among women, rising from 70 countries in 2013 to 91 countries in 2015, which is on track to reach the target of 100 countries by 2017. More countries are also undertaking gender reviews of their nutrition policies or strategies, although progress has been much slower, rising to only 21 countries in 2015, from 16 in 2013 and far from the target of 40 by 2017.

Output indicator	*2013*	*2015*	*Target (2017)*
Number of countries with policies or plans targeting anaemia reduction among women	70	91	100
Number of countries that have undertaken a gender review of the nutrition policy/strategy in the current national development plan cycle	16	21	40

51. UNICEF has been working across countries to scale up the provision of iron/folic acid supplementation (IFA) to women and girls in need. In Mali, UNICEF partnered with local non-governmental organizations to accelerate the scaling up of

community-based nutrition interventions in two target districts, increasing coverage by 42 per cent from 2012 to 2015. In selected districts of Bangladesh, the coverage of IFA supplementation among pregnant women increased from 32 per cent (2012) to 55 per cent (2015).

52. In 2015, 93 out of 122 countries reported national management information systems that disaggregated nutrition data by sex. Going forward, there is great potential to include additional gender metrics in information systems and analyses, as for example, communication messaging or decision-making support on nutrition for primarily female caregivers of children.

4. Water, sanitation and hygiene

53. In 2015, UNICEF led the preparation of the Report of the United Nations Secretary-General on the girl child, focusing on the time use, health, schooling and empowerment-related impacts of WASH in the lives of girls. The report highlighted the lack of age- and sex-disaggregated data as a key barrier to assessing whether infrastructure and programme investments are reaching girls and meeting their needs.

54. Water, sanitation and hygiene facilities in schools and health centres, including women-and-girls-only toilets and safe water supply, are a key priority for UNICEF. In 2015, direct support was provided to improve WASH facilities and programmes in 25,876 schools around the globe, more than double the 10,596 schools supported in 2014. UNICEF supported the construction of WASH facilities in 733 health-care facilities in more than 33 countries. In Kenya, an initiative supported by UNICEF is upgrading a network of maternal and neonatal centres of excellence by increasing access to sustainable water supplies.

55. UNICEF also supported women's engagement in WASH management and addressed the needs of women and girls in emergency contexts. In Ghana, 42 gender-sensitive community water and sanitation management teams were established and 100 per cent of targeted women and girls (25,000) were supported to engage in WASH governance through focused training packages. In humanitarian settings in 2015, UNICEF reached 1.37 million women and girls with MHM materials, thus surpassing the expected target of reaching 1.24 million.

Output indicator	*2014*	*2015*	*Target (2017)*
Proportion of countries implementing a national strategy to eliminate open defecation	63%	57%	70%
Number of countries with at least 50% of primary schools having access to adequate sanitation facilities for girls	32	37	65
Number of countries in which more than 50% of primary schools have water, sanitation and hygiene facilities meeting national standards	26	29	100

5. Education

56. As the lead agency and secretariat of UNGEI, UNICEF provides support to promote girls' education and gender equality through knowledge-exchange and sharing of evidence-based solutions. In 2015, UNGEI led the development of a consensus for the need for gender-responsive sector plans with the Global

Partnership for Education and the focus on the elimination of gender-based discrimination and violence in schools in Education 2030: Incheon Declaration and Framework for Action.

57. To translate these efforts on the ground, UNICEF, with UNGEI, has supported a four-country programme on school-related gender-based violence (SRGBV) in Burkina Faso, Côte d'Ivoire, Mali and Niger, which reached more than 275,000 students between 2012 and 2014. In Ethiopia, SRGBV prevention has been incorporated in the recently launched Education Sector Development Programme, and is well placed in the Gender in Education Strategy. In Côte d'Ivoire and Malawi, local protection systems were implemented across different sectors to respond to the needs of children affected by SRGBV. Mothers' clubs were also established to work closely with schools to provide counselling and support to affected children.

58. UNICEF uses data disaggregated by sex, location and economic status to assist Governments to provide the most disadvantaged girls and boys with equal opportunities to learn. Since 2012, UNICEF has supported the Ministry of Education in Afghanistan to enrol 380,000 children (207,361 girls) in 3,700 community-based primary schools. Since then, at the end of the third grade, 132,000 of these children transitioned to formal public schools. In Yemen, more than 22,000 out-of-school children in three cities (Al Ḥudaydah, Ḥajjah and Ta'izz), 80 per cent of them girls, were given access to formal and non-formal education. In Pakistan, UNICEF supported capacity-building for 10,000 school management committees, including a focus on how to make schools more responsive to the needs of girls, contributing to 211,379 girls being enrolled in primary school.

6. Child protection

59. UNICEF supported the revision of child protection-related policies based on gender analyses in 33 countries. In Argentina, UNICEF supported the Supreme Court to create a national registry that centralizes and systematizes gender-based homicides, including an interactive module to facilitate data entry for gender-disaggregated indicators. In Paraguay, UNICEF advocacy resulted in the adoption of a law in 2015 that prohibits domestic work under age 18, a common phenomenon among girls. In Papua New Guinea, UNICEF advocacy led to a parliamentary inquiry on violence against women and children by the Health and Family Welfare Parliamentary Committee. UNICEF also supported the National Department of Health to develop a first-of-its-kind database on service-delivery indicators relating to this issue.

Output indicator	*2013*	*2015*	*Target (2017)*
Number of countries that revised or improved their child protection policies on the basis of a gender review supported by UNICEF	33	33	70

60. While gender parity in birth registration is noted in most countries with available data, national experiences suggest that gendered roles and expectations can inhibit the registration of girls and boys at birth. In Papua New Guinea, UNICEF supported the development and adoption of the Lukautim Pikinini Act in 2015, which removes discrimination against children born out of wedlock, among other things. In

Cambodia, UNICEF supported interfaith dialogue on positive parenting and the protection of children from violence and abuse, resulting in the sensitization of approximately 529,436 religious leaders and their congregations and 136,614 children (48 per cent female). In the Democratic Republic of the Congo, UNICEF supported awareness-raising among 187,821 community members (including 71,901 women; 68,749 men; 10,618 girls; and 36,553 boys) on the prevention of GBV and how and where to access services for affected individuals. In Burkina Faso, UNICEF continued its work to eliminate child labour in informal gold mining, withdrawing 5,000 children from the mines and bringing the total number of children withdrawn to 25,182, with roughly equal numbers of boys and girls.

7. Social inclusion

61. UNICEF supports more than 70 countries in the design, implementation and scale up of cash transfer programmes. The programmes are primarily geared towards female-headed households, contributing to strengthening women's economic status, decision-making, financial security, self-esteem and labour force participation. In Ghana, UNICEF supported the expansion of the Livelihood Empowerment Against Poverty (LEAP) programme to reach 50,000 additional poor households, for a total of 150,000. UNICEF also supported the design and implementation of the newly launched LEAP 1000, an extension of LEAP to include households with pregnant women and infants under one year old.

Output indicator	*2013*	*2015*	*Target (2017)*
Number of countries with revised domestic legislation and administrative guidance in line with the concluding observations of the Committee on the Elimination of Discrimination against Women	55	89	110

62. In Rwanda, UNICEF supported the Government to adjust the design of a flagship public-works programme, to broaden the types of jobs available and to provide childcare at public works sites. In Nepal, as a result of UNICEF advocacy and support to GBV-related interventions, the Government increased its annual budget for women development programmes for the fiscal year 2015/16 by 27 per cent.

III. Institutional strengthening

63. The GAP specifies five benchmarks against which improvements in institutional capacity and systems to support gender-equality results are being tracked: (a) Programme expenditures on gender results; (b) Gender staffing and capacity; (c) Gender performance of CPMPs; (d) Gender performance on evaluations of UNICEF programmes; and (e) Effective knowledge-sharing and communications for promoting gender equality. Continued efforts to strengthen systems and capacity in the second year of GAP implementation have moved most of the benchmarks in a positive direction.

A. Effective knowledge-sharing and communication

64. The 2015 UNICEF Global Gender Network meeting brought together gender specialists and focal points, sectoral specialists and senior management staff from across the organization for shared learning, reflections on progress and prioritization of steps for further accelerating implementation of the GAP. The Deputy Executive Director (Programmes) participated, emphasizing the centrality of the GAP for corporate results. A formal reference group and extended network of gender experts and champions was established and a virtual team site was launched.

65. Regional- and country-level management team meetings frequently included GAP programming and progress on the agenda. Innovative approaches and field-based experience of implementing the GAP were also shared through network and special-topic meetings, video presentations, webinars and several conferences. Gender equality was identified by UNICEF as one of 10 organizational priorities for advocacy on the Sustainable Development Goals. To this end, UNICEF led and participated in forums such as a conference on MHM; multiple side events, including one sponsored by UNGEI and partners on ending SRGBV at the fifty-ninth session of the Commission on the Status of Women; blog posts as part of the 16 Days of Activism Against Gender-Based Violence Campaign; and a commitment to investing in adolescent girls made by several United Nations agencies and a broad range of partners during the commemoration of the International Day of the Girl Child.

66. A Twitter "takeover" on the International Day of the Girl handed over the reins of the UNICEF global Twitter account to a group of young people who are passionate about girls' issues. More than 2.9 million people were reached with a Facebook post entitled "Let Girls be Girls" and 152,100 users were engaged with the empowering message "When girls are allowed to be girls, we all do better". This message was ranked as the third-most-engaging content on the UNICEF Facebook page in 2015. Across the communication and public advocacy activities of UNICEF, stories and content on gender, particularly around adolescent girls, have consistently resulted in higher engagement rates. The most engaging video on social media in 2015 was the story "Syrian 7-year-old tells the story of her journey to Greece", which attained 6 million views, more than 113,000 shares and reached more than 27 million people through Facebook. The media launch of the report *A Profile of Child Marriage in Africa* resulted in widespread coverage in top-tier global publications and media entities, including CNN (the Cable News Network).

67. Pursuant to General Assembly resolution 68/146, UNICEF led the preparation of the 2015 Report of the Secretary-General on the girl child (A/70/267), with an emphasis on policies and achievements on WASH as they relate to girls. The report was presented by the UNICEF Deputy Executive Director (Partnerships) at the interactive dialogue of the Third Committee of the General Assembly on agenda item 64 "promotion and protection of the rights of children".

B. Gender staffing and capacity

68. The recruitment of all seven regional gender adviser posts (initiated in 2014) was completed in 2015. Gender capacity at headquarters was also strengthened with the placement of three senior gender specialists. In addition, two senior coordinators were recruited for the targeted priorities on advancing girls' secondary education

and ending child marriage and they were embedded in the relevant sections — education and child protection. The progress made in hiring and supporting high-quality technical talent on gender at headquarters and regional level can be attributed to the launch of a gender talent pool initiative at the P-4 and P-5 levels, which placed up to 15 qualified candidates for direct selection to gender posts.

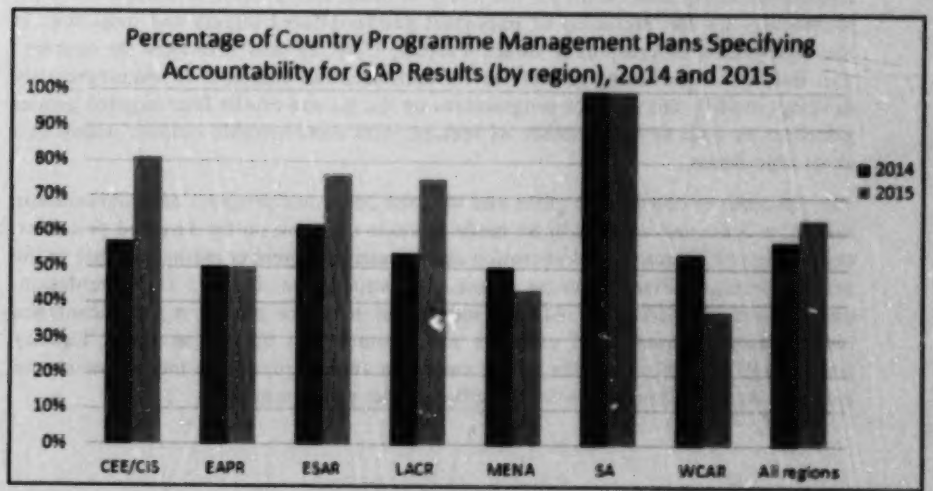
69. Gains were also made in bolstering gender expertise at country level, with dedicated gender specialists placed in 7 country offices and sectoral gender specialists placed in 12, across a total of 18 offices. Plans are under way to recruit gender specialists in several other country offices. To consolidate the progress in placing gender expertise in countries and to facilitate the selection of candidates for gender specialist positions, a P-3/P-4 talent pool has been launched. A recruitment package was also developed and disseminated to guide regional and country offices in meeting the standard on gender expertise set by the GAP.

70. UNICEF continues to maintain steady progress in achieving gender parity at senior level. In 2015, 46 per cent of all positions at the P-5 level or above were held by women, as compared to 45 per cent in 2014 and 44 per cent in 2013. Women represented 44 per cent of senior staff appointments in both 2014 and 2015, an increase from 39 per cent in 2013. While talent and excellence remain the overarching criteria for staff selection within UNICEF, recruiting offices and divisions were requested to first assess how the selected candidate would affect the gender balance within the team, with the aim of achieving an equal ratio of women to men.

C. Gender performance of country programme management plans

71. Building on regional progress in incorporating gender results in management plans in 2014, there has been considerable progress at the country level, with 64 per cent of CPMPs outlining specific country office accountabilities with respect to gender results and implementation of the GAP. This is an increase from 58 per cent in 2014, and with some regions reporting a positive trend (see figure 5).

Figure 5



D. Gender performance on evaluations of UNICEF programmes

72. According to the UNICEF Global Evaluation Reports Oversight System (GEROS), the percentage of evaluations rated "outstanding" and "highly satisfactory" in incorporating gender increased from 47 per cent in 2012 to 52 per cent in 2013 and 51 per cent in 2014. As a first-generation rating system implemented by UNICEF, GEROS was reviewed in 2015 and implementation of the recommendations are informing a more robust ratings system. Concurrently, a guidance note on incorporating gender into evaluations is being developed and will be disseminated to relevant offices in 2016 as part of the GEROS improvement process.

E. Programme expenditure on gender results

73. UNICEF expenditure on programmes with a primary focus on gender equality increased substantially, from $377 million in 2014 to $444 million in 2015. In 2015, this comprised 9.3 per cent of total programme expenditure, an increase from 9.1 per cent in 2014 and 8.2 per cent in 2013. The relative increase was less substantial than the absolute increase due to the even greater expansion in overall programme expenditures from $4.1 billion in 2014 to $4.8 billion in 2015. The expenditures reported here cover development and humanitarian programming, and regular resources and other resources.

IV. Conclusions and the way forward

74. In 2014 and 2015, UNICEF has been able to deliver on a number of critical institutional and programmatic results specified in the GAP. UNICEF has facilitated and advanced the growing global commitment and local action around the empowerment of adolescent girls. In a broad range of partnerships, UNICEF has led important convenings such as the 2014 Girl Summit, participated in critical global processes such as the development of the reproductive, maternal, neonatal, child and adolescent health framework for the Every Woman, Every Child initiative, and built momentum for the inclusion of important gender-related targets and indicators in the Sustainable Development Goals. Further, UNICEF has leveraged its country- and field-level presence, as well as its multisectoral mandate, to simultaneously develop, modify and advance programmes on the ground on the four targeted gender priorities as well as in a number of sectors, with demonstrable outputs within this short time frame.

75. In order to consolidate gains and to make continued progress on programmatic results, a concerted effort will be made to scale up work on the targeted priorities, enhancing cross-sectoral collaboration and accelerating gender mainstreaming in the seven Strategic Plan outcome areas. Innovations in design, implementation, partnerships and financing will be sought out to make gender a significant and recognizable component of effective programmes that operate at scale. Equally critical will be to build on the strong emphasis already placed on measurement and evidence as the driving force for effective gender programming.

76. The enhancement of senior-level gender expertise as the core basis for building an organizational gender architecture has been another key achievement. However, the enhancement of gender capacity at country-office level and in the sectors remains a challenge, not only at UNICEF, but also within the international development field more generally. The supply of highly qualified gender experts with the right skill set, especially for work in country offices and in the sectors, remains limited. To address this challenge, UNICEF has launched a gender recruitment and staffing package, and in 2016 is planning to invest in the development of an in-house gender-credentialing system to more effectively draw from talent within the organization. The plan is to combine credentialing with a set of courses developed in partnership with an academic institution, so as to enhance the gender skills of promising staff, especially those with strong sectoral expertise.

77. The GAP strategy of prioritizing results, investing in dedicated gender expertise and channelling resources to take gender programming to scale is starting to demonstrate results. The strategy requires staying the course, not only within the current Strategic Plan period, but also in the following four years. While yielding incremental positive results in only two short years, the approach promises to yield exponential results in the next four to six years.